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CONFIRMATION NO. 4698

<b>SERIAL NUMBER</b> 10/690,972	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 15871/124
<b>APPLICANTS</b> John H. Brekke, Duluth, MN; ✓ John H. Gubbe, Duluth, MN; ✓				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/420,005 10/21/2002 <i>BA</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i> <i>BA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/21/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>None</i> <i>BA</i> Verified and Acknowledged <i>None</i> <i>BA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 28
			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 23595				
<b>TITLE</b> Device and methods for sequential, regional delivery of multiple cytotoxic agents and directed assembly of wound repair tissues				
<b>FILING FEE RECEIVED</b> 565	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	